

Disaster Preparation and Response Plan Snohomish Health District

*“The mission of the Snohomish Health District is:
To improve the health of individuals, families and communities
through disease prevention, health promotion,
and protection from environmental threats.”*

Revised May, 2002

Purpose:

In the event of a disaster, unexpected events and conditions will cause widespread damage and injury, an increase in disease may follow and a large portion of this community will be greatly affected. Essential community services will be inadequate in comparison with the needs of the public. Many needed resources will be in short supply. Many public and private agencies and organizations will be called upon to respond.

The Snohomish Health District will join the community effort and provide public health services and resources to respond to needs created by the disaster. This plan will provide a framework for the staff of the Snohomish Health District to reorganize for the purpose of assessing the massive public health threats that are uniquely the result of the disaster. We will develop the best public health responses to the disaster and make every effort to assure that community efforts are aligned to protect the public's health. This plan is based on a disease response that incorporates assessment, policy development and assurance, treating the disaster as the disease.

Disaster Response Plan Outline:**I. Individual Preparations and Readiness:****A. SHD Employee Personal and Family Preparedness Plan:**

1. Staff will be encouraged to make preparations for home and family using an existing plan, such as that provided by the American Red Cross. Having a plan for home and family will make it easier for SHD staff to cope with family needs in the event of a disaster. In turn, this will allow SHD staff to more readily help SHD meet the needs of the community.
2. SHD will obtain Red Cross home preparedness plans and distribute them to all staff, issue to new staff as hired, and annually remind staff to review their plans with their families. The Snohomish County Chapter of the American Red Cross will be asked to periodically provide a training on home preparedness for disasters.

3. Each SHD staff should take personal responsibility to develop and provide a list of telephone numbers to their family members to have at home, school and at work. This list should include close friends and at least one relative or friend outside of the Puget Sound area to use as a check-in number. This list should be updated at least annually and be part of the home preparedness plan.

B. SHD Employee Workplace Disaster Action Plan

1. In event of a disaster, an employee's first duty is to be responsible for their own safety and avoid injury. Above all they should avoid harmful or dangerous situations. The employee should see to the needs of their family and then report status and availability to an immediate program manager at the SHD in as timely a way as possible.
2. Human Resources will develop and annually update a list of home and cell phone/pager numbers for all SHD staff. Managers will assure that each of their staff has this information for their units and the other managers in their Division in the form of a laminated list. This will facilitate communications among managers and program staff in the event of a disaster during off-duty hours. Managers will assure that contact lists for their staff contain the 24-hour SHD emergency phone number and brief procedures for calling in after a disaster.
3. All staff will annually review and update their personal emergency contact information and insure that their manager has this information.
4. All staff will keep their SHD identification card accessible to be able to show SHD employee status as needed following a disaster.
5. The Health District will arrange for employees to obtain Community Emergency Response Training (CERT).

II. Snohomish Health District Preparedness Actions: These actions will assist in communications among SHD staff and facilitate assembly into working disaster response groups.

A. Establish Internal Communication Protocol:

1. Establish procedures for Manager Reporting to ELT
2. Establish procedures for Staff Reporting to managers
3. Organize phone lists by work sections

4. Provide laminated phone number cards to all staff program groups.

B. Establish external communication options

1. Arrange for telephone and message services using another health department likely to be outside the disaster area.
2. Evaluate alternative notification if phones are inoperable, such as Message Boards at public facilities.
3. Establish staff meeting sites and alternate meeting sites in the event of loss of all electronic communications.
4. Become part of the 800 MHz communications system being established by Snohomish County.
5. Apply to be a non-federal user of the Government Emergency Telecommunications Service (GETS), which will give SHD priority use of the phone lines in the event of an emergency.
6. Use the Health District website as a means of posting information and instructions for SHD staff.

C. Establish SHD Business Office and Facility protocols.

1. Develop protocol for evaluating and securing Rucker Building power and water supply systems. Gather similar information on power and water supply systems for Lynnwood offices.
2. Evaluate facilities for auxiliary lighting and power needs and options.
3. Evaluate physical buildings and fixtures for security against earthquake or unusual storms.
4. Store sufficient emergency food, water and first aid supplies for 72-hr survival for staff in Rucker and Lynnwood buildings, and in SHD vehicles.

D. Maintenance of Disaster Preparedness Plan:

The SHD Disaster Preparedness Committee will:

1. Provide for annual update of this plan, staff calling cards and contact numbers.
2. Provide orientation for all staff on the basic protocol for disaster response.
3. Include the disaster response plan a part of new staff orientation
4. Distribute disaster preparedness plan to all staff and maintain copies at telephone consoles.

III. Snohomish Health District Disaster Operations:

A. Operational Structure:

SHD will realign its normal operation structure in the event of a disaster. SHD managers and operational sections will take on new roles and responsibilities specific to a disaster situation. Many routine program efforts will be suspended during the disaster response. Each special officer position will generally be filled based on the availability of staff and the normal supervisory relationships.

Position Roles and Responsibilities

<i>SHD Officer</i>	<i>Disaster Role</i>	<i>Disaster Responsibility</i>
Health Officer	Incident Commander (IC)	Decides policy, maintains contact with other agencies, develops priorities, leads event response, delegates tasks.
Deputy Administrator	Public Health Information Officer and Deputy IC	Provides single point of communication for Media through Communications Specialist. Oversees policy implementation.
Business Manager	Safety Officer for Rucker and South County buildings	Responsible for internal safe environment and to keep IC and ELT informed of situation
	Logistics Support Operations	Provides facility, equipment and supply response, monitors financial transactions

Executive Leadership Team (ELT)	Team Support for Incident Commander. Organize Surveillance, Assessment and Response teams.	Lead divisional response efforts. Assigns staff to the interdisciplinary teams. Appoint Team Leaders.
Environmental Health Director	Directs overall response from Environmental Health Division	Takes direction from IC and implements action within EH Division; communicates status to IC and ELT
Communicable Disease Director	Directs overall response from Communicable Disease Division	Takes direction from IC and implements action within CD Division; communicates status to IC and ELT
Community Health Director	Directs overall response from Community Health Division	Takes direction from IC and implements action within CH Division; communicates status to IC and ELT
Surveillance Teams	Multidisciplinary teams to perform field damage assessment. May combine with Assessment Teams.	Take direction from IC and implements action as directed; communicates status to IC and ELT
Data Entry Teams	Office support teams to enter field damage assessment data	Take direction from HS and A Section Manager
Health Statistics and Assessment Section Manager	Manager oversees data assembly/organization and conducts analysis with assistance of HS and A staff	Under direction of the IC and the ELT. Communicates results of analysis to ELT for use in preparing overall SHD response to the Disaster

Assessment Teams	Multidisciplinary teams to review and assess data from Surveillance Teams and recommend interventions. May combine with Surveillance Teams.	Take direction from IC and recommends action within and/or across Divisions to IC and ELT
Assistant Division Directors	Serve as Division Directors in the absence of the Director. Assist Director.	Implement Directives of the IC and support their Division staff resource needs.
Operational Response Teams	Provide response as indicated by findings of surveillance and assessment teams. May form within or across divisions, as appropriate to need.	Take direction from IC and ELT to implement specific responses to disaster.

IV. SHD Disaster Response Functions:

At all times, SHD will participate in the Emergency Operations Center established by the County Department of Emergency Management and coordinate our response with the broader community response.

A. Disease Related Surveillance:

1. SHD will gather data and information about a disaster from:
 - a) Snohomish County Department of Emergency Services (DEM),
 - b) Emergency Service Coordinating Agency (ESCA),
 - c) Disaster Assistance Council (DAC),
 - d) Area hospitals and clinics
 - e) The American Red Cross and other disaster relief agencies.
 - f) Other external sources (e.g.: State Department of Health, radio, television)
 - g) SHD's own surveillance efforts.

2. Surveillance Teams

The SHD IC and the ELT will select multi-disciplinary surveillance teams and assign each a work region within the County. Surveillance teams will survey the disaster impact of their assigned region using a standard data collection form and promptly report back their findings to the Health Statistics and Assessment Section for data entry and summarization.

B. Evaluation of Conditions and Threats:

1. Assessment Teams

The SHD IC and the ELT will select multidisciplinary assessment teams (the number will depend on the size and scope of the disaster). They will receive the summarized findings from the surveillance teams as well as the other data and information from sources listed in A, above. The team will report their conclusions about public health threats and recommend action to the Incident Commander and the ELT.

C. Prioritization of Response

The ELT will rank disaster health concerns, according to degree of risk to public health, using data and information referred to above, and recommendations provided by both Surveillance and Assessment Teams. Next, the ELT will prioritize SHD responses and direct their implementation according to available staff resources, through the Operational Response Teams.

C. Response Implementation

1. Every effort will be made to maintain communications with the County Department of Emergency Management, the American Red Cross and other local, state and federal organizations responding to the disaster in order to best coordinate the SHD response with the overall response.
2. The IC and the ELT will develop and direct implementation of an action plan that addresses the primary public health concerns caused by the disaster. Action plans will be implemented using Operational Response Teams composed of staff selected to be most responsive to the nature of the concern. These teams may be divisional or multidisciplinary. SHD staff may also join teams that include members of other responding organizations.
3. The Operational Response Teams will maintain strong communications linkage and report back to the IC and ELT on a regular basis.

4. To the extent communications systems allow, the ELT will assure that SHD staff are kept informed of the status of SHD response to the disaster.

V. Contingency Planning and Mitigation

Maintenance of Disaster Response Plan

- A. A Disaster Preparedness Committee will be appointed for the periodic review and maintenance of the Disaster Response Plan. The Committee will ensure that Health District disaster information and external partnerships are kept current, and will also be responsible for SHD staff disaster education and preparedness.

Appendices

- A. Contingency Plans: As research and experience develop, the Disaster Response Committee may add specific contingency plans (e.g. bioterrorism, natural disasters) to the appendix of the Disaster Response Plan.
- B. Resource List of Agency Contacts
- C. Draft Press Release information (To be developed)
- D. Mutual Aid Agreements with other Local Health Departments (To be developed)
- E. Disaster Operations Organization Chart
- F. Notification Procedures for Bioterrorism

Appendix B

Agency Contacts for Snohomish Health District Disaster Plan

State

Department of Health Duty Officer Pager	1-360-971-0601
DOH/Communicable Disease Epi	1-877-539-4344
DOH/Public Health Laboratory	1-877-539-4344
DOH Radiation Protection Division Pager	1-360-786-2544
DOH Drinking Water Program	1-877-481-4901
DOH Desk in State Emergency Ops Center	1-253-912-4962
State Duty Officer (Camp Murray)	1-800-258-5990
State Emergency Operations Switchboard	1-800-854-5406
State Health Officer pager	1-360-741-1811
State Health Officer cellular	1-360-951-2857

Federal

Centers for Disease Control 24-hour No.	1-404-639-0615 and 1-770-488-7100
CDC Smallpox notification	1-404-639-2184 and 1-404-639-0385
CDC Botulism anti-toxin	1-404-639-2206 OR 1-404-639-2888
National Pharmaceutical Stockpile	1-770-488-7100 OR 1-770-488-7611
Agency for Toxic Substances and Disease (CDC)	1-404-639-6293 1-404-639-6208
Federal Bureau of Investigation	1-206-622-0460

Federal Emergency Management Admin.	1-425-487-4604
Region X Emergency Coordinator	1-206-615-2266 1-206-369-1180 (cellular)
Region X Disaster Medical Assistance	1-206-615-2266 OR 1-206-396-1180 (cellular)

Neighboring Counties

Island County Health Officer Pager	1-360-679-5475
Island County 24-hour pager	1-360-202-3472
King Co. Public Health 24-hour number	1-206-682-7321
King Co. Public Health Duty Officer	1-206-296-4606
Skagit Co. Health Officer pager	1-253-445-3302

Eastside Counties for Check-In

Spokane County Health District	1-509-324-1515
Spokane Health Officer Pager	1-509-869-4015
Benton-Franklin Co. Health District	1-509-943-2614
Benton-Franklin Co. Health Officer Cellular	1-509-539-1782

Snohomish County

Snohomish Co. Sheriff	425-388-3414
Medical Examiner	425-438-6200
County Executive	425-388-3879
Department of Emergency Management	425-423-7635
So. County Emergency Management (ESCA)	425-776-3722
Providence Hospital ED (Colby)	425-261-3000
Providence Hospital ED (Pacific)	425-258-7555
Stevens Hospital Emergency Department	425-640-4100
Valley General Hospital Emergency Dept.	360-794-1402
Cascade Valley Hospital Emergency Dept.	360-403-4113
Snohomish County EMS	425-257-8115



